



STATE OF TENNESSEE  
DEPARTMENT OF HUMAN SERVICES

**TRANSMITTAL AUTHORIZATION FORM**

I, \_\_\_\_\_, Director of \_\_\_\_\_ hereby authorize the Tennessee Department of Human Services to transmit the result of any employee fingerprint background check, which does not result in an exclusion, to our agency using the following method:

☐ Fax Fax Number \_\_\_\_\_

☐ E-Mail E-Mail Address \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Provider  
Number: \_\_\_\_\_

Provider  
Suffix: \_\_\_\_\_

Child Care  
Licensing  
Program  
Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_